



## Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact [support@jstor.org](mailto:support@jstor.org).

MENTAL NURSING<sup>1</sup>

BY ADELE S. POSTON, R.N.

Graduate of the Passavant Memorial Hospital, Jacksonville, Ill.; Superintendent of Nurses, Bloomingdale Hospital, White Plains, N. Y.

I shall endeavor in this communication to make plain of what mental nursing consists, and to show the great need of coöperation of the nursing profession in solving the problem of the treatment of mental disorders. The reluctance and timidity with which many nurses meet mental symptoms as soon as they present themselves in physical illness, are evidence of inadequate training. Even though a nurse does not care to specialize in this particular branch of nursing she should be able to meet intelligently the mental conditions which are common in physical disorders.

It is an amazing fact that as soon as the nervous system or the mind becomes affected the patient is apt to become an object of fear or ridicule, and this may be the time when wise treatment would prevent further serious developments. It is only recently that this responsibility has been recognized by physicians and it has still to be recognized by the nursing profession.

Mental disorders are just one form of sickness; it is only within recent time that we have begun to realize this, the old superstitious attitude towards insanity is still widely prevalent. The care of the sick has made great progress since the days of Sairey Gamp; the man who breaks his leg or has pneumonia, if in a settled community, can now find at his disposal a skilled nurse, a woman of fair intellectual level who has passed several years of purposeful study in preparing for her professional work. Even the poorest individual is able to get this, although he may have to go to a hospital to receive it.

But insanity or mental disease is more complicated than a broken leg or pneumonia; it is not a sickness merely involving one system or organ but involves the person's adjustment as a complete personality to the demands of environment. This introduction of the personality brings us to the very essence of the problem of nursing the insane.

In surgical cases, the physician demands that his patient be cared for by nurses who can be depended upon to carry out rigidly certain impersonal directions, involving attention to the various physical needs of the patient and to the numerous details of skilled surgical nursing; it is important that all these technical details should be rigidly carried out. It would be equally important to give the same attention in

<sup>1</sup> Read at the Mental Hygiene Conference, New York City.

nursing an animal after an operation. In order to give the patient satisfactory care, the nurse needs to have great technical knowledge and conscientious attention to impersonal details, and there is this same demand in nursing any medical case.

In nursing the insane, a nurse should not only have all the skilled medical and surgical knowledge necessary for the above; in addition she has to learn how to nurse the special disorder, which may or may not be complicated by the more usual medical or surgical disorders. What additional knowledge and experience does the mental nurse need to have?

The patients suffer from a disorder of their adjustment to their environment; they may be sad or exhilarated, overactive or underactive; the adjustment may be so disordered that the patient lives in a distorted world of his own, which may have more or less in common with the real world; he may hear imaginary voices and be distressed by odd delusions. Such disorders go with disordered habits of activity and with disordered interests or lack of interest.

The problem is to restore correct habits of conduct, to recultivate a healthy interest in life. The solution of the problem rests with the physician, but on the nurse devolves the task of actually carrying out with intelligence and initiative the recommendations of the physician.

The disorders vary a great deal. The treatment of each requires special experience, great tact, intellectual ability and keenness of perception, inspired by that sympathy which is the essential of all good nursing, regardless of the nature of the sickness. The patient demands encouragement by all methods and in original ways, and those who are losing interest have to be guided in the most optimistic way to normal, healthy activity. It is not enough to confine the nursing attitude to those suffering from physical illnesses, and it is not enough to merely care for the patient, to see that they are fed, clothed, and made comfortable; more than humane care is required, there must be specific attention by definite methods, carefully thought out and systematically applied. We have to deal with patients whose moods are abnormal. They may be depressed or morbidly exhilarated, they may be capricious or unusually irritable, they may be overactive or the reverse. Their grasp of the outside world may be quite distorted and their interests quite perverted in degree and quality. In the case of the depressed it is quite necessary that the nurse should understand the patient; she should know the condition from which the patient suffers, should find out what increases or intensifies the condition, should remove as far as possible these unfavorable influences, and try to arouse some natural interest, to engage the patient's activities along lines which

will draw him away from the disturbing thoughts and alleviate the distressing condition, which is as painful as any physical suffering.

In exhilaration we have the opposite condition, of greatly increased mental activity and a jolly, boisterous mood subject to sudden changes, so that all the liberty consistent with safety is given.

The treatment of overactivity in the past was restraint, but the application of restraint, even in the most humane form, has an undesirable effect on a sensitive, overwrought, restless patient. So it has been found that this energy can to a certain extent be utilized if directed properly, and can be turned into healthy channels by the proper sort of occupation; this calls for a great deal of judgment and tact, the nurse must be able to select the right kind of vigorous employment, and exercise that will prove attractive to this very impressionable and variable mood. In this condition of overactivity, packs and continuous baths are also given with the most satisfactory results.

Then there is the opposite condition, that of underactivity, where the patient, under the old way, would be allowed to remain inactive to the great detriment of the general physical and mental condition. The patient, if taken in the beginning by a painstaking, intelligent nurse, can by persuasion and tact be interested in definite things, thereby keeping alive some healthy interest, and by some sort of pleasant activity preventing the horrible state of chronicity, which, in some cases, may be the outgrowth of neglect and inefficient care.

In delusional cases, with disordered attitude and corresponding lack of healthy interest, the patients live in a world all their own, and again they must be aroused by some normal interest. It is here that the ingenuity and perseverance of the nurse is tried to the utmost, to be constantly on the alert to direct the actions and to keep the patient's attention. Their life must be directed for them. The physician tries to explain and correct the roots of the trouble, but the nurse has to cultivate their interests. The demands on the nurse require the highest qualities, she must *understand*, she must have initiative and enthusiasm and a desire to learn to serve.

When the nurse does not have an intelligent understanding, she is unable to meet the many and varied conditions which arise and she endeavors to do by force or other unwise tactics what could better be taken care of by a little wise management.

The care that has been given to insane persons in the very recent past has been frequently far from scientific and in a great many instances not even humane. But this is changing, people are coming up to a higher level and inefficient care will not longer be tolerated.

A criticism might be made that, in the case of many chronic patients,

no amount of care will make any marked improvement; we must remember that these patients are to a certain extent the *product* of the régime which is just passing. They pay for the neglect of the nursing profession.

The two agencies most employed in recultivating the healthy interests of the patients and restoring correct habits of conduct are: First, occupational training, which includes basketry, rug and linen weaving, brass and leather work, lace making, drawing, painting, embroidery of all kinds—and any other things that can possibly be adapted to the needs of the various classes. Individualization in the choice of occupation is necessary in order that the work assigned may be suited to the patient's existing condition. The patient with the degenerative tendency may be improved by the development of the latent interests, thus diminishing unhealthy activities by furnishing healthier substitutes. The depressed patients, who feel as if the weight of the world's woe rests on them, must not be left alone with these distorted thoughts. So some attractive employment must be found for them that will interest them, and finally the unhealthy ideas will be crowded out.

Another important feature of the treatment is calisthenics and games, which furnish a variety of interests and there is nothing more normalizing than active play. Aside from the beneficial physical effects that healthy activity produces, it enlarges one's interests, and a majority of these people have had a poverty of interests heretofore. A great many of the people who come to the hospital do not know how to play, so that all sorts of bodily activity from the very simplest calisthenics to all normal outdoor sports are employed.

The chronic patient, who has been allowed to remain inactive, perhaps for years, can best be aroused by music, since the idea of rhythm remains longest. After getting the patient's attention the matter of reëducation is well begun. All sorts of drills and folk dances as well as golf, tennis, hockey, etc., are used to suit the particular need.

The final influence on the patient of systemized treatment is another aspect of the subject which is worthy of attention. If he has been in a hospital where scientific activity prevails, and where definite treatment has helped to bring about his recovery, he realizes that he has been sick, and that he has been in a true hospital, and no longer feels disgraced because he became ill with some mental disorder.

Now we know that much may be done for these patients; we recognize the need of intelligent nursing in the earlier stages, before the patient has his distorted ideas and habits of conduct thoroughly fixed, and we realize that it is to a large extent a nursing problem. The physicians cannot solve it alone. Nursing was developed in the begin-

ning through altruistic motives, and now it is a remunerative profession. Mental nursing will have to be taken up with the same enthusiasm and ideals. It has a great future.

## MENTAL HYGIENE IN THE SCHOOL<sup>1</sup>

By KATHARINE MANLEY, R.N.

School Nurse in New York City

"There are three wicks to the lamp of a man's life: brain, blood and breath,  
Press the brain a little, its light goes out, followed by both the others."

HOLMES.

When the truth of this statement is impressed equally on teachers, parent and pupil, then in time we may be able to abolish ungraded classes, truant home and asylums, and decrease the number of our jails.

"Press the brain a little, its light goes out." How rarely does the system, the teacher or parent ever consider the possibility, that in each individual case the wick is not equally absorbent, equally capable of consuming the oil of knowledge. An excess of fuel often snuffs out the flame, and adds to the number of our mentally defective.

Children develop mentally at different ages, as the result of nationality, heredity and environment, and consequently require more individual attention in their earlier classes. Inability to keep to the standard of the class, inattention, unruly disposition, truancy, etc., are evidences, not necessarily of feeble-mindedness, but frequently of bodily or mental ill-health, which can, with proper care and medical supervision, be overcome. Many are improperly housed and fed, given very little encouragement to grow physically, morally or mentally, and when the child shows mental inefficiency these conditions should be investigated and, where necessary, corrected.

Generally it is easier to follow the bad than the good, to do wrong rather than right, the normal child has to strive continually to make the better choice and the mentally weak require stronger incentive and greater inducement to reach the goal.

Ofttimes children are mentally sick because of physical defect, poor vision, enlarged tonsils and adenoids, imperfect nutrition, anaemia, nervous disorders, etc., all conditions that cause the child to be discontented and apparently dull and backward, yet conditions yielding to treatment. When these defects are found on inspection in school, the coöperation of the parent and family physician is not always given,

<sup>1</sup> This paper was awarded the first prize offered to nurses of the Division of Child Hygiene, New York, for the best essay on the subject.